



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:25

Reporting for the week ending 06/22/19 (MMWR Week #25)

June 28, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

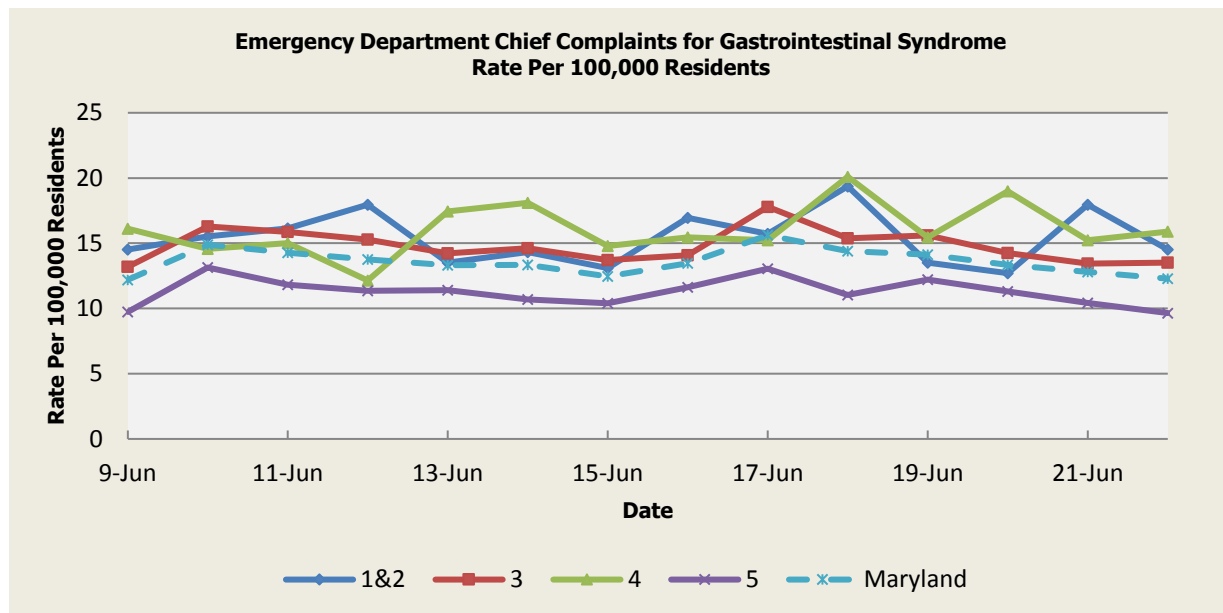
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



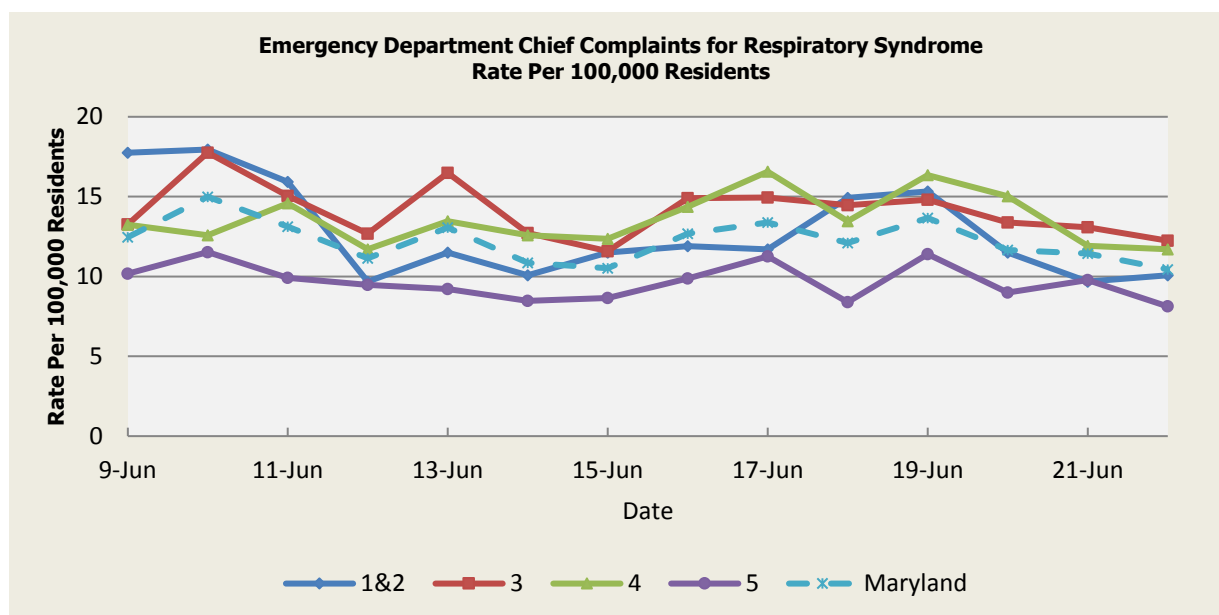
There were two (2) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Region 3); One (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.25	15.11	15.89	10.24	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.00

** Per 100,000 Residents*

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Respiratory Syndrome



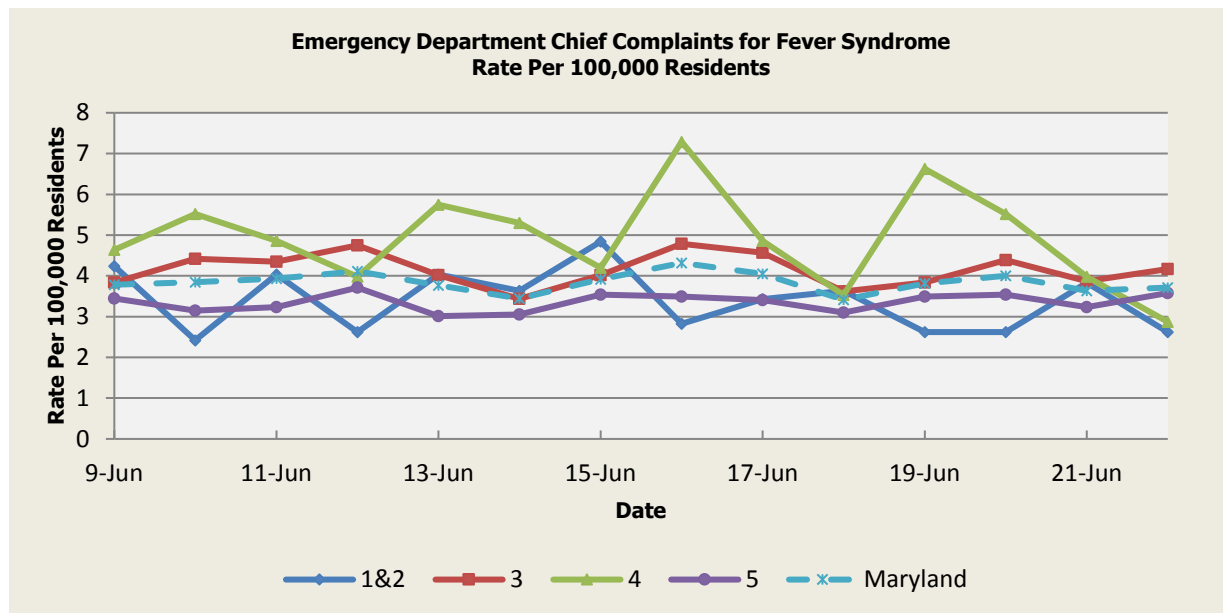
There was one (1) Respiratory Syndrome outbreak reported this week: one (1) outbreak of ILI in an Assisted Living Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.67	14.75	15.08	9.98	12.77
Median Rate*	12.10	14.21	14.35	9.65	12.28

* Per 100,000 Residents

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Fever Syndrome



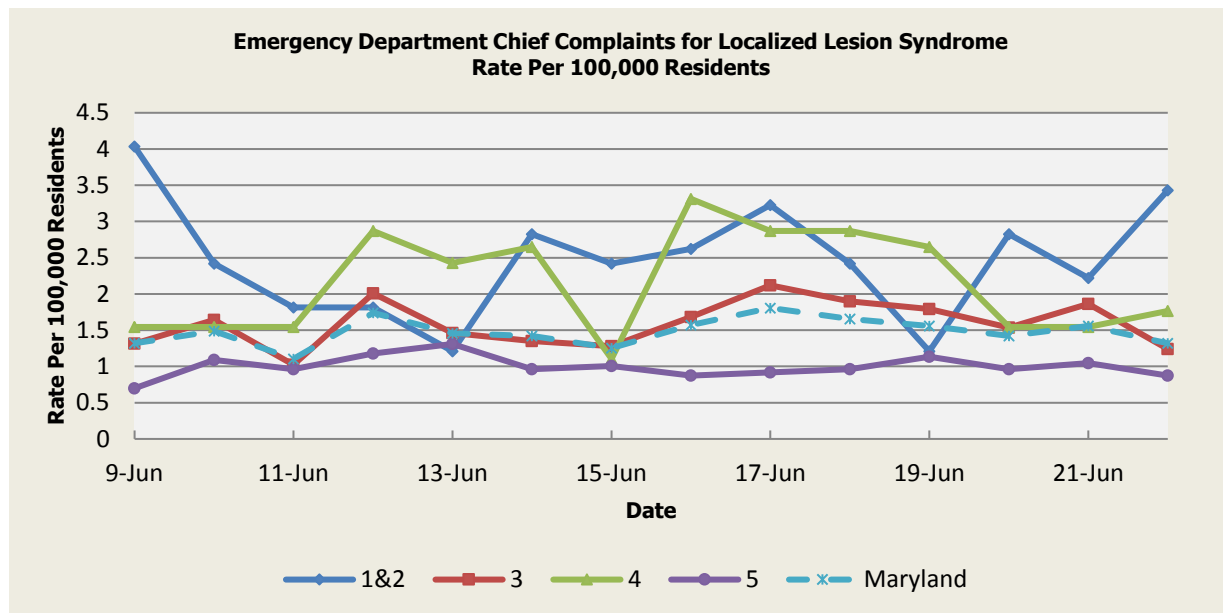
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.90	4.11	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



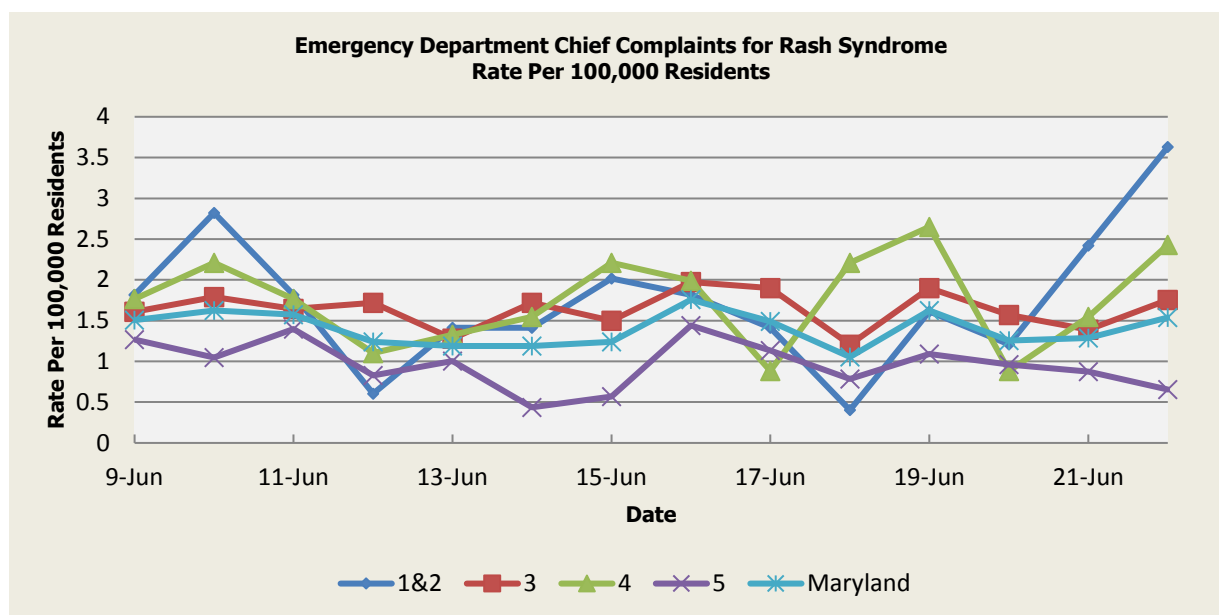
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.12	1.80	2.04	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



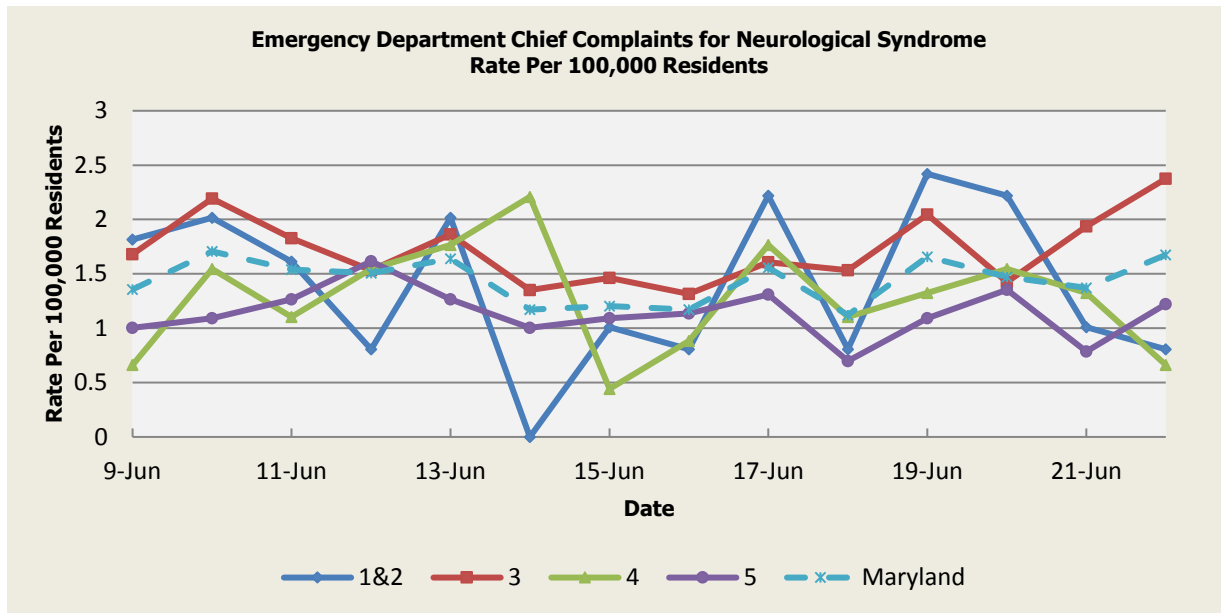
There were two (2) Rash Syndrome outbreaks reported this week: one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 5); one (1) outbreak of Scabies in an Assisted Living Facility (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



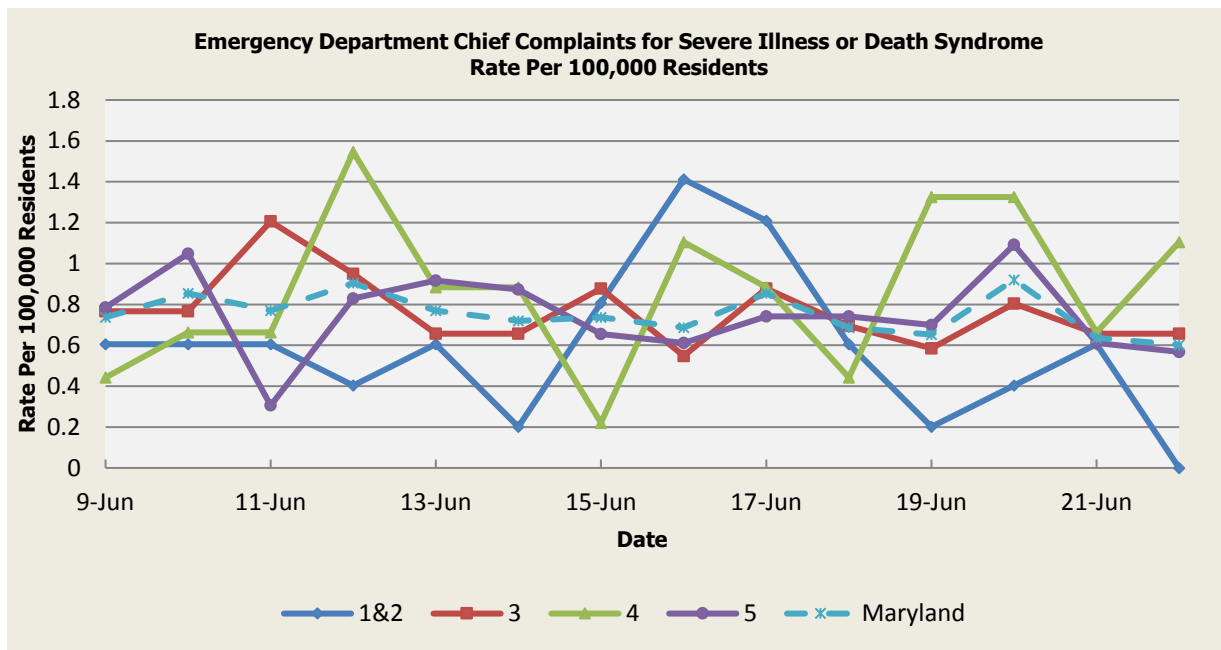
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.77	0.94	0.85	0.59	0.79
Median Rate*	0.60	0.84	0.66	0.52	0.69

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

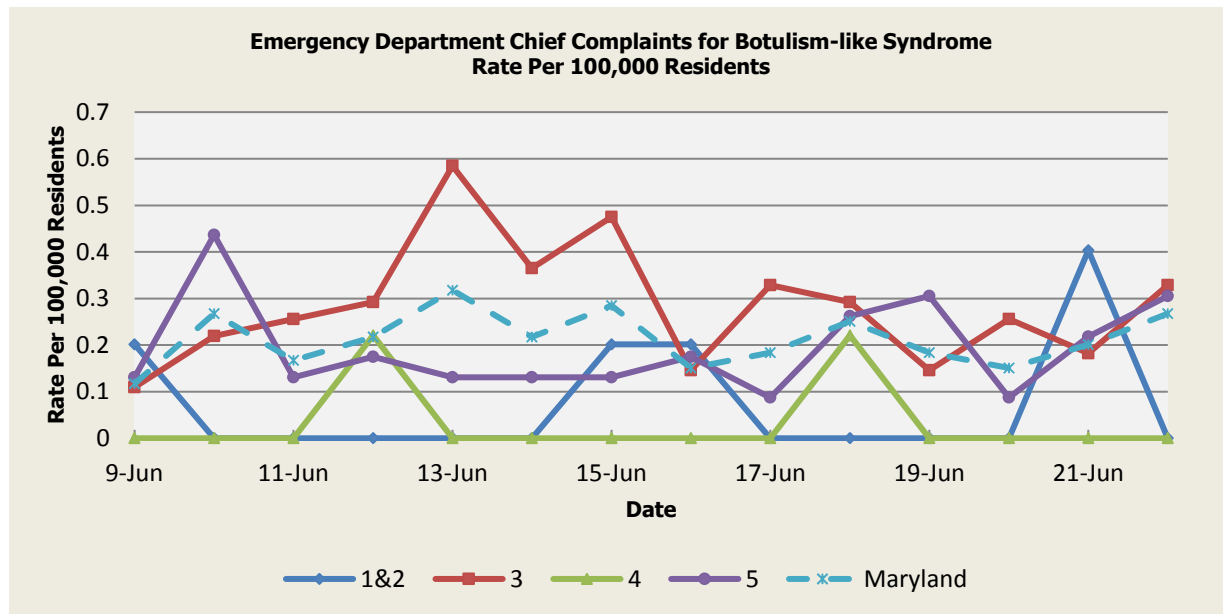
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



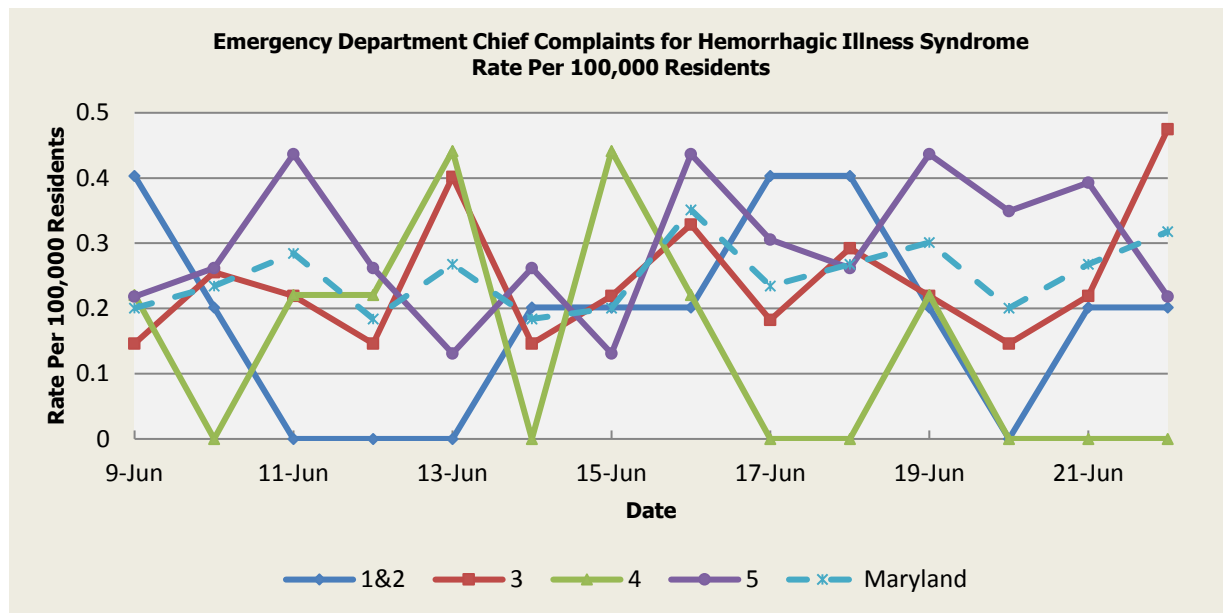
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/9 (Regions 1&2), 6/10 (Region 5), 6/11 (Region 3), 6/12 (Regions 3,4,5), 6/13 (Region 3), 6/14 (Region 3), 6/15 (Regions 1&2,3), 6/16 (Regions 1&2,5), 6/17 (Region 3), 6/18 (Regions 3,4,5), 6/19 (Region 5), 6/20 (Region 3), 6/21 (Regions 1&2,5), 6/22 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



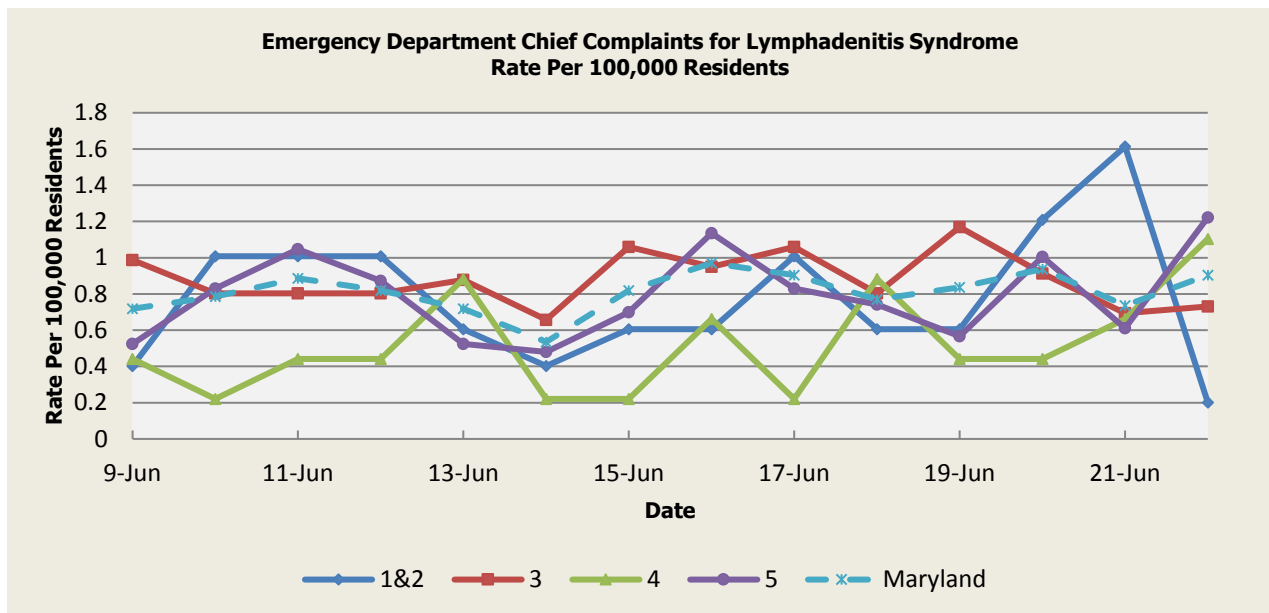
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/9 (Regions 1&2,4), 6/10 (Regions 1&2,5), 6/11 (Regions 4,5), 6/12 (Regions 4,5), 6/13 (Regions 3,4), 6/14 (Regions 1&2,5), 6/15 (Regions 1&2,4), 6/16 (Regions 1&2,3,4,5), 6/17 (Regions 1&2,5), 6/18 (Regions 1&2,5), 6/19 (Regions 1&2,4,5), 6/20 (Region 5), 6/21 (Regions 1&2,5), 6/22 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/10 (Regions 1&2,5), 6/11 (Regions 1&2,5), 6/12 (Regions 1&2,5), 6/13 (Region 4), 6/16 (Region 5), 6/17 (Regions 1&2,5), 6/18 (Region 4), 6/19 (Region 3), 6/20 (Regions 1&2,5), 6/21 (Regions 1&2), 6/22 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.37	0.58	0.40	0.38	0.47
Median Rate*	0.40	0.47	0.44	0.31	0.42

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

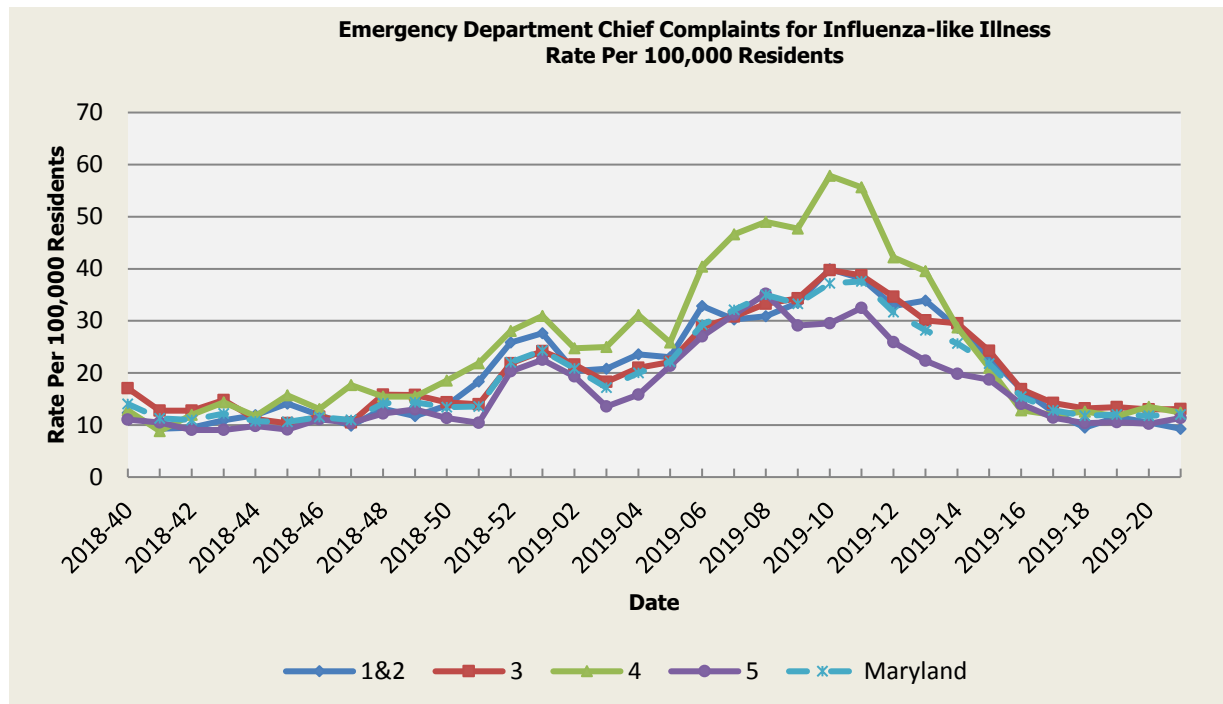
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

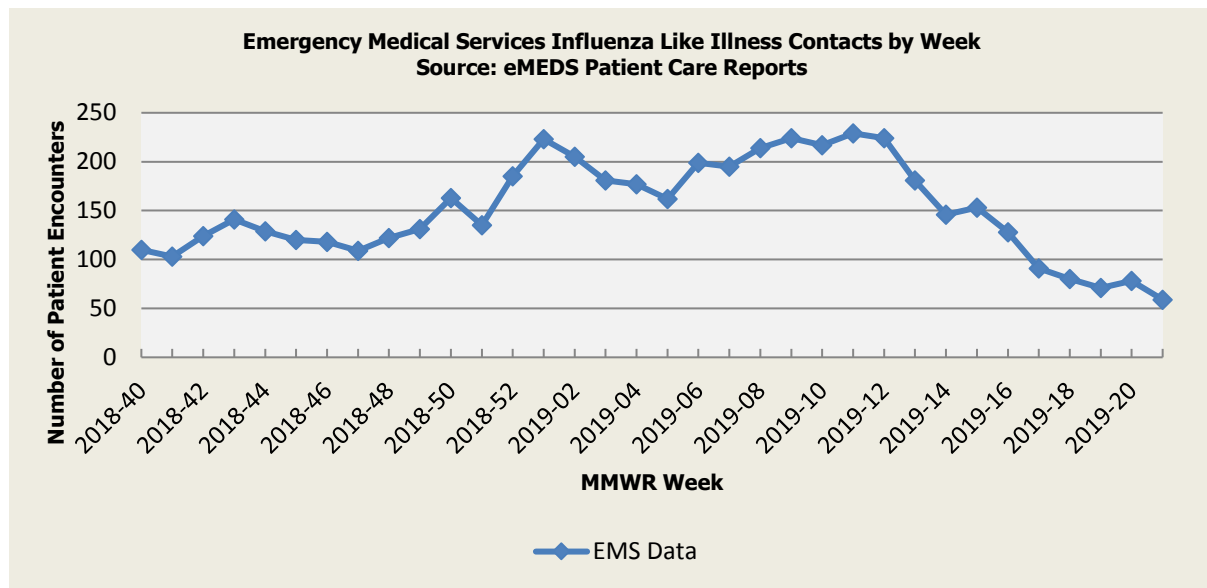


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.30
Median Rate*	7.66	10.38	9.27	8.80	9.49

* Per 100,000 Residents

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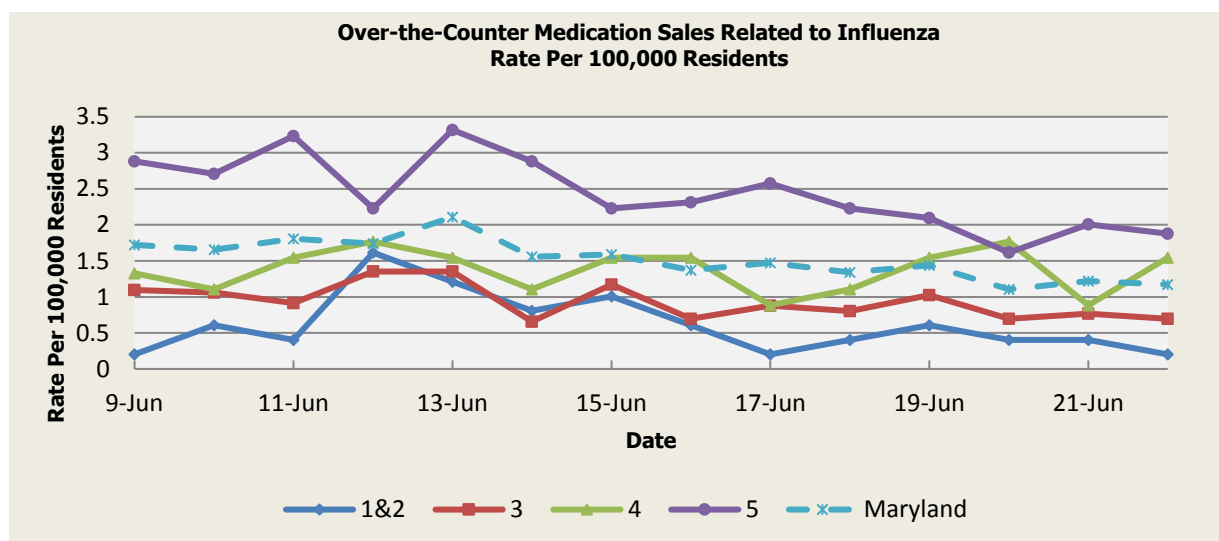
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



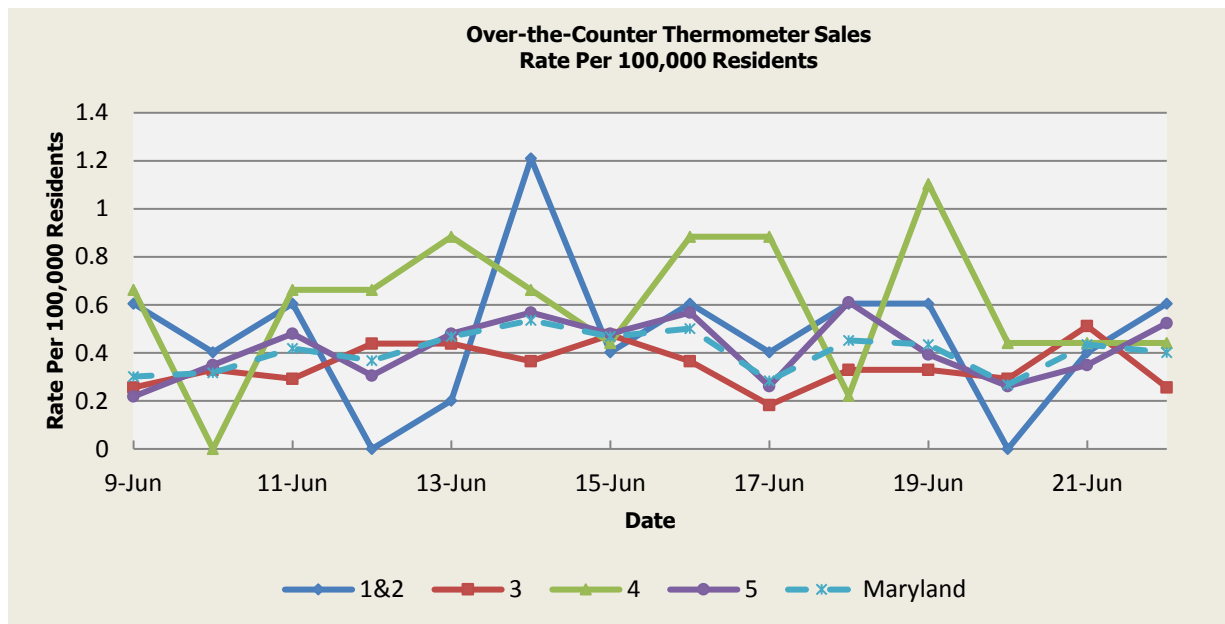
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.53	4.56	2.70	7.95	5.63
Median Rate*	2.82	3.73	2.43	7.25	4.92

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.02	2.88	2.28	3.82	3.20
Median Rate*	2.62	2.74	2.21	3.71	3.10

* Per 100,000 Residents

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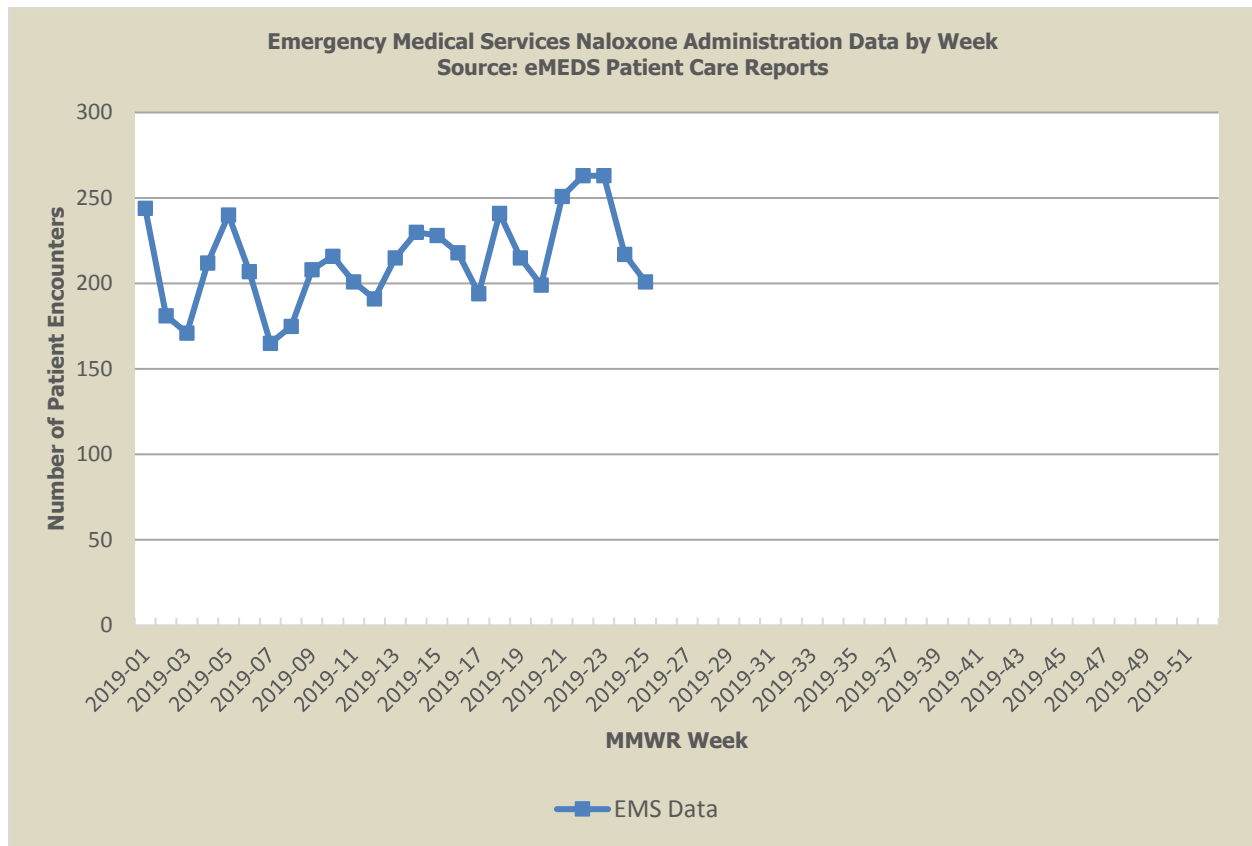
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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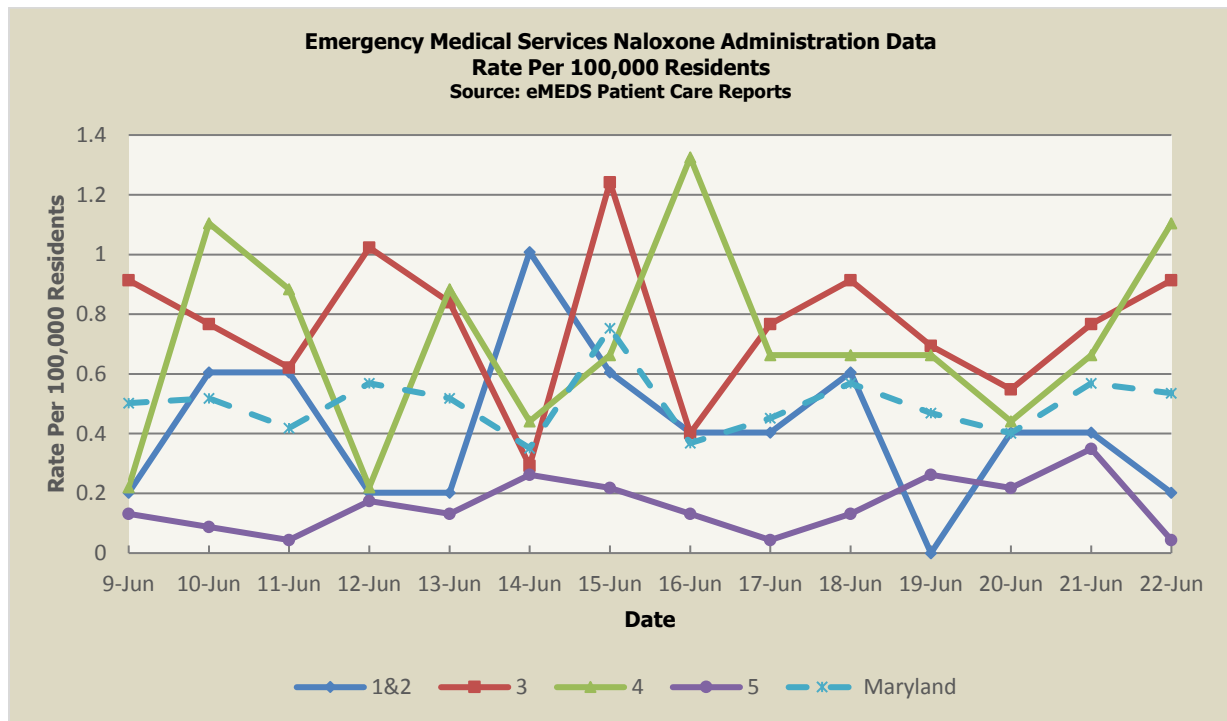
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 27, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week.

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

TYPHOID FEVER (UTAH), 27 Jun 2019, According to a Deseret News report yesterday [25 Jun 2019], a migrant boy who had been detained at a U.S. Customs and Border Protection camp came to Utah with typhoid fever last month [May 2019]. The child was hospitalized with a severe case in Salt Lake County soon after arriving in Utah. He was treated and fully recovered and released after a week. Health officials say there is no additional threat of the disease in Utah from this case. Read More: <https://www.promedmail.org/post/6541406>

HANTAVIRUS (NEW MEXICO), 26 Jun 2019, A 42-year-old McKinley County woman died from hantavirus pulmonary syndrome (HPS), officials with the New Mexico Department of Health reported this week. The fatality is the 2nd case of HPS confirmed in New Mexico in 2019, and the 1st death. The state Department of Health said it completed an environmental investigation at the woman's home to help reduce risk to others. New Mexico reported a total of 114 HPS cases with 49 deaths between 1975 and 2018, according to statistics from the state health department. Read More: <https://www.promedmail.org/post/6539746>

E. COLI EHEC (MISSOURI) 23 Jun 2019, According to the St. Louis Post-Dispatch, 5 people have become ill with *E. coli* after visiting Grant's Farm since late May 2019, the Missouri Department of Health and Senior Services said Fri 21 Jun 2019. The DHSS, along with the state and federal departments of agriculture and St. Louis area health agencies, are investigating what specifically led to the Shiga toxin-producing *E. coli*, or enterohemorrhagic *E. coli* EHEC. Read More: <http://www.promedmail.org/post/6541570>

HEPATITIS A (MULTISTATE) 20 Jun 2019, The Maine Center for Disease Control and Prevention (Maine CDC) has identified 3 additional cases of hepatitis A virus infection in Aroostook County over the past week. There are now 6 confirmed hepatitis A cases in Aroostook County since 17 May 2019. All 6 cases are linked to exposures at a restaurant in Caribou earlier this spring. There is no ongoing risk of hepatitis A to the public from eating at this restaurant. Read More: <https://www.promedmail.org/post/6528808>

VIBRIO VULNIFICUS (MULTISTATE) 20 Jun 2019, Flesh-eating bacteria have infected at least 5 men who were exposed to water in the Delaware Bay or who had eaten undercooked crabs from the bay since 2017. Researchers at Cooper University Health Care, where the men were treated, say the number of cases is increasing, though still relatively rare. One of the victims, a 64-year-old man who had eaten crabs, died; 4 others survived but underwent extensive treatment including amputation, skin grafting, or skin removal. Read More: <https://www.promedmail.org/post/6528807>

CHEMICAL EXPOSURE (CALIFORNIA) 19 Jun 2019, Nearly 60 farm workers were exposed to chemicals Tuesday [18 Jun 2019] morning as they worked on a vineyard west of Dinuba, CA. 3 of these workers were taken to Kaweah Delta Medical Center in Visalia as firefighters and officials from the health department and agricultural commission investigated the extent of the exposure. Read More: <https://www.promedmail.org/post/6528784>

INTERNATIONAL DISEASE REPORTS

ENCEPHALITIS (BANGLADESH), 27 Jun 2019, The number of encephalitis-affected children has almost doubled from last year's [2018's] count in different hospitals in Dhaka and elsewhere in the country. According to data provided by Institute of Epidemiology, Disease Control and Research (IEDCR), more than 1200 patients affected by encephalitis were admitted in different hospitals across the country till 20 Jun this year [2019]. The number of affected patients was about 650 in 2018. Read More: <https://www.promedmail.org/post/6541570>

YELLOW FEVER (BRAZIL), 27 Jun 2019, Confirmed human yellow fever cases were registered in the states of Sao Paulo (68 cases), Parana (13) and Santa Catarina (1). Most of the cases were rural workers or those exposed in forested areas with 73 (89%) males and with ages between 8 and 87 years. In March 2019, the 1st case of yellow fever was confirmed in Santa Catarina state. Of the confirmed cases, 14 were fatal (17%). The total number of cases registered in the same period in 2018 was 1309. Read More: <https://www.promedmail.org/post/6541056>

HEPATITIS A (ENGLAND) 26 Jun 2019, 14 Jun 2019, An outbreak of hepatitis A at a school may have been passed through food eaten in the canteen, Public Health England (PHE) has said. Eight cases were confirmed at Outwood Academy in Ripon, North Yorkshire last week. The number of confirmed cases has risen to 17 following further tests, Dr Simon Padfield, a consultant in Communicable Disease Control at PHE, said. The school said it was providing regular updates on the situation. Read More: <https://www.promedmail.org/post/6539678>

TYPHOID FEVER (PAKISTAN) 26 Jun 2019, Health authorities are planning to launch a mass vaccination drive against typhoid fever in Karachi after 2 children died due to extensively drug-resistant (XDR) typhoid in the Sheedi goth area of Malir district in Karachi this week, health officials said on Tue 25 Jun 2019, adding as many as 122 cases of typhoid fever were reported from the area since [Tue 18 Jun 2019].
Read More: <https://www.promedmail.org/post/6539573>

TRYPANOSOMIASIS (MALAWI) 21 Jun 2019, East African trypanosomiasis (EAT) has been confirmed on a 36-year-old teacher, a USA citizen who has been in Malawi for the past 14 years and is currently resident in Lilongwe. He went fishing in the Nkhotakota Wildlife Reserve at the beginning of June 2019, but did not recall seeing any tsetse flies or experiencing any tsetse bites. EAT is well documented in the reserve.
Read More: <https://www.promedmail.org/post/6531757>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

